



KANSAS LOBBYIST REGISTRATION TERMINATION STATEMENT

Instructions: This statement may be filed by any lobbyist who terminates his or her lobbying activities and who wishes to terminate his or her registration as a lobbyist.

PLEASE PRINT OR TYPE

A. Name of Lobbyist_____

Address_____ Phone _____

City & State_____ Zip Code _____

B. If employed or appointed, provide the following information about the employing or appointing person:

Name_____

Address_____ Phone _____

City & State_____ Zip Code _____

C. Date of termination of lobbying activities_____

D. Signature of person filing statement:

I understand that the intentional making of any false material statement herein is a class B misdemeanor.

(Date)

(Signature)